



NOTICE OF BUDGET HEARING

A meeting of the _____ will be held on _____, 19 _____
(Governing Body) (Date)

at _____
□ a.m. □ p.m. at _____
(Address) . The purpose of this meeting is to discuss the budget for

the fiscal year beginning July 1, 19 _____ as approved by the _____ Budget Committee.
(Municipal Corporation)

A summary of the budget is presented below. A copy of the budget may be inspected or obtained free of charge at _____

_____ between the hours of _____ and _____. The budget was
(Address)
prepared on a basis of accounting that is ☐ consistent; ☐ not consistent with the basis of accounting used during the preceding year. Major changes, if any, and their effect on the budget, are explained below.

County	City	Date	Chairperson of Governing Body	Telephone Number
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FINANCIAL SUMMARY OF ALL FUNDS

		Adopted Budget This Year - 19 _____	Approved Budget Next Year - 19 _____
Anticipated Requirements	1. Total Personal Services		
	2. Total Materials and Services		
	3. Total Capital Outlay		
	4. Total Debt Service		
	5. Total Transfers		
	6. Total Contingencies		
	7. Total Unappropriated Ending Fund Balance		
	8. Total All Other Expenditures and Requirements		
	9. Total Anticipated Requirements		
Anticipated Resources	10. Total Revenues Except Property Taxes		
	11. Total Property Taxes Required to Balance Budget		
	12. Total Anticipated Revenues		
Anticipated Tax Levy	13. Total Property Taxes Required to Balance Budget		
	14. Plus: Estimated Property Taxes Not to be Received		
	15. Total Property Tax Levy		
Tax Levies By Type	16. Levy Within the Tax Base		
	17. One-Year Levy Outside the Tax Base		
	18. Levy for Payment of Bonded Debt		
	19. Serial and Continuing Levies		
	20. Total Property Tax Levies		

STATEMENT OF INDEBTEDNESS

Debt Outstanding		Debt Authorized, Not Incurred	
☐ None	☐ As Summarized Below	☐ None	☐ As Summarized Below

Publish Below if Completed

Type of Debt	Debt Outstanding		Debt Authorized, Not Incurred	
	This Year as of July 1	Next Year as of July 1	This Year as of July 1	Next Year as of July 1
Bonds				
Interest Bearing Warrants ..				
Other				
Total Indebtedness				

This budget includes the intention to borrow in anticipation of revenue ("Short-Term Borrowing") as summarized below:

FUND LIABLE	Estimated Amount to be Borrowed	Estimated Interest Rate	Estimated Interest Cost

FUNDS NOT REQUIRING A PROPERTY TAX TO BE LEVIED



FORM LB-2

Publish **ONLY** completed portion of this page. Total Anticipated Requirements **must equal** Total Resources.

Fund	Actual Data Last Year _____	Adopted Budget This Year _____	Approved Budget Next Year _____
1. Total Personal Services			
2. Total Materials and Services			
3. Total Capital Outlay			
4. Total Debt Service			
5. Total Transfers			
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8. Total Unappropriated Ending Fund Balance			
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11. Total Resources			

FUNDS NOT REQUIRING A PROPERTY TAX TO BE LEVIED

----- FUND

ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

Total Personal Services (Includes all Payroll Costs) . . .
 Total Materials and Services
 Total Capital Outlay
 Total All Other Expenditures and Requirements
 Total Expenditures and Requirements
 Total Resources

----- FUND

ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

Total Personal Services (Includes all Payroll Costs) . . .
 Total Materials and Services
 Total Capital Outlay
 Total All Other Expenditures and Requirements
 Total Expenditures and Requirements
 Total Resources

----- FUND

ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

Total Personal Services (Includes all Payroll Costs) . . .
 Total Materials and Services
 Total Capital Outlay
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 Total Expenditures and Requirements
 Total Resources

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ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

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 Total Materials and Services
 Total Capital Outlay
 Total All Other Expenditures and Requirements
 Total Expenditures and Requirements
 Total Resources

----- FUND

ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

Total Personal Services (Includes all Payroll Costs) . . .
 Total Materials and Services
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ACTUAL DATA LAST YEAR _____	ADOPTED BUDGET THIS YEAR _____	APPROVED BUDGET NEXT YEAR _____

Total Personal Services (Includes all Payroll Costs) . . .
 Total Materials and Services
 Total Capital Outlay
 Total All Other Expenditures and Requirements
 Total Expenditures and Requirements
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NOTICE OF PROPERTY TAX LEVY

1988-89

To assessor of _____ County

• File no later than JULY 15.

• Be sure to read the instructions in the 1988-89 Property Tax Levy Certification and Publication Forms and Instructions booklet.

On _____, 19____, the _____
Governing Body
of _____
Municipal Corporation _____ County, Oregon, levied a tax as follows:

Contact Person _____

Title _____

Daytime Telephone _____

Date _____

Is an additional 1988-89 levy request being submitted for voter approval? ☐ NO ☐ YES (Type of Levy) _____
If "YES," you must certify and submit your bonded debt levy and budget to the assessor by July 15.

PART I: TOTAL PROPERTY TAX LEVY

- | | |
|---|----|
| 1. Levy within the tax base (cannot exceed box 11, Part II) | 1. |
| 2. One-year levies (Itemize these levies in Part V on back of form) | 2. |
| 3. Continuing levies (millage and fixed)(Itemize in Part V on back of form) ... | 3. |
| 4. Serial levies (Itemize in Part V on back of form) | 4. |
| 5. Amount levied for payment of bonded indebtedness | 5. |
| 6. TOTAL AMOUNT to be raised by taxation. (Add boxes 1 through 5) | 6. |

PART II: TAX BASE WORKSHEET (If an annexation occurred in the preceding fiscal year, complete Part IV first)

7. VOTED TAX BASE, if any. _____
Date of Voter Approval _____
Amount Voter Approved 7. _____
8. CONSTITUTIONAL LIMITATION - Tax base portion of preceding three levies actually levied.

Actual Amount Levied	Fiscal Year	Actual Amount Levied	Fiscal Year	Actual Amount Levied	Fiscal Year
8a.		8b.		8c.	

9. Largest of 8a, 8b or 8c 9a. _____ multiplied by 1.06 = 9b. _____

ADJUSTMENT FOR ANNEXATION INCREASES DURING PRECEDING FISCAL YEAR

10. Annexation increase (from Part IV, box 7, on back of form) 10. _____
11. Adjusted tax base (largest of box 9b plus box 10; or box 7 plus box 10 if box 7 has never been levied in full) 11. _____

PART III: LIMITATIONS PER OREGON REVISED STATUTES (See the ORS Chapter under which the municipal corporation was formed, Does NOT apply to Bond Limitations. Does NOT apply to ALL municipal corporations.)

- | | |
|---|------------------|
| 12. True cash value of municipal corporation from most recent tax roll | 12. |
| 13. Statutory limitation of municipal corporation per ORS Formation Chapter | 13. _____ of TCV |
| 14. Total dollar amount authorized by statutory limit (box 12 multiplied by box 13) | 14. |
| 15. Total amount of box 6 levied within statutory limitation | 15. |

NOTICE OF PROPERTY TAX LEVY

1988-89

To assessor of _____ County

• File no later than JULY 15.

• Be sure to read the instructions in the 1988-89 Property Tax Levy Certification and Publication Forms and Instructions booklet.

On _____, 19____, the _____
Governing Body
of _____
Municipal Corporation _____ County, Oregon, levied a tax as follows:

Contact Person _____

Title _____

Daytime Telephone _____

Date _____

Is an additional 1988-89 levy request being submitted for voter approval? ☐ NO ☐ YES (Type of Levy) _____

If "YES," you must certify and submit your bonded debt levy and budget to the assessor by July 15.

PART I: TOTAL PROPERTY TAX LEVY

- | | |
|---|----|
| 1. Levy within the tax base (cannot exceed box 11, Part II) | 1. |
| 2. One-year levies (Itemize these levies in Part V on back of form) | 2. |
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| 5. Amount levied for payment of bonded indebtedness | 5. |
| 6. TOTAL AMOUNT to be raised by taxation. (Add boxes 1 through 5) | 6. |

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7. VOTED TAX BASE, if any. _____
Date of Voter Approval _____ Amount Voter Approved 7.

8. CONSTITUTIONAL LIMITATION - Tax base portion of preceding three levies actually levied.

Actual Amount Levied	Fiscal Year	Actual Amount Levied	Fiscal Year	Actual Amount Levied	Fiscal Year
8a.		8b.		8c.	

9. Largest of 8a, 8b or 8c 9a. _____ multiplied by 1.06 = 9b. _____

ADJUSTMENT FOR ANNEXATION INCREASES DURING PRECEDING FISCAL YEAR

10. Annexation increase (from Part IV, box 7, on back of form) 10. _____
11. Adjusted tax base (largest of box 9b plus box 10; or box 7 plus box 10 if box 7 has never been levied in full) 11. _____

PART III: LIMITATIONS PER OREGON REVISED STATUTES (See the ORS Chapter under which the municipal corporation was formed. Does NOT apply to Bond Limitations. Does NOT apply to ALL municipal corporations.)

- | | |
|---|------------------|
| 12. True cash value of municipal corporation from most recent tax roll | 12. |
| 13. Statutory limitation of municipal corporation per ORS Formation Chapter _____ | 13. _____ of TCV |
| 14. Total dollar amount authorized by statutory limit (box 12 multiplied by box 13) | 14. |
| 15. Total amount of box 6 levied within statutory limitation | 15. |

PART IV: ANNEXATION WORKSHEET

1.	Area	Effective Date of Annexation	1987 Assessed Value of Area Annexed
	A		
	B		
	C		
	D		

If more than four annexations, attach sheet showing the above information for each annexation.

2. Total for 1987 assessed value of annexed areas (sum of A thru D) . . . 2.
3. Tax base levied by annexing entity for fiscal year 1987-88 3.
4. Assessed value of annexing entity on January 1, 1987 4.
5. Tax base rate of annexing entity. (Divide box 3 by box 4) 5.
6. Annexation increase. (Multiply box 2 by box 5) 6.
7. **TOTAL ANNEXATION INCREASE.** (Multiply box 6 by 1.06.)
Enter this amount in box 10, Part II, on front of form 7.

PART V: SCHEDULE OF ALL SPECIAL LEVIES - Enter all special levies on this schedule. If there are more than four levies, attach a sheet showing the information for each.

Type of levy (one-year, serial or continuing)	Purpose (operating, capital con- struction, or mixed)	Date voters approved ballot measure authorizing tax levy	First year levied	Final year to be levied	Total tax levy authorized per year by voters	Amount of tax levied this year as a result of voter approval

TOTAL OF ALL SPECIAL LEVIES - The total of this schedule should equal the total of boxes 2, 3 and 4, Part 1

Enter value used to compute millage levies or tax rate serial levies

File with your assessor no later than July 15.

PART IV: ANNEXATION WORKSHEET

1.	Area	Effective Date of Annexation	1987 Assessed Value of Area Annexed
	A		
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	C		
	D		

If more than four annexations, attach sheet showing the above information for each annexation.

2. **Total** for 1987 assessed value of annexed areas (sum of A thru D) 2.
3. Tax base levied by annexing entity for fiscal year 1987-88 3.
4. Assessed value of annexing entity on January 1, 1987 4.
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TOTAL OF ALL SPECIAL LEVIES - The total of this schedule should equal the total of boxes 2, 3 and 4, Part 1

Enter value used to compute millage levies or tax rate serial levies

File with your assessor no later than July 15.



FUNDS NOT REQUIRING A PROPERTY TAX TO BE LEVIED

FORM LB-2

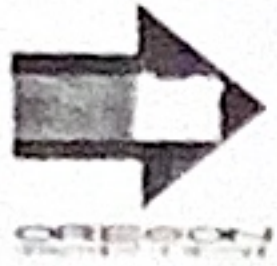
Publish **ONLY** completed portion of this page. Total Anticipated Requirements **must equal** Total Resources.

Fund	Actual Data	Adopted Budget	Approved Budget
	Last Year _____	This Year _____	Next Year _____
1. Total Personal Services			
2. Total Materials and Services			
3. Total Capital Outlay			
4. Total Debt Service			
5. Total Transfers			
6. Total Contingencies			
7. Total All Other Expenditures and Requirements ..			
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7. Total All Other Expenditures and Requirements ..			
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9. Total Ending Fund Balance			
10. Total Anticipated Requirements			
11. Total Resources			



FORM LB-4

IDENTIFICATION OF FUNDS BY UNIT/PROGRAM

Publish **ONLY** Completed Portion of This Page

Name of Unit/Program

Fund	Actual Data	Adopted Budget	Approved Budget
	Last Year _____	This Year _____	Next Year _____
1. Total Personal Services			
2. Total Materials and Services			
3. Total Capital Outlay			
4. Total Debt Service			
5. Total Transfers			
6. Total Contingencies			
7. Total All Other Expenditures and Requirements			
8. Total Unappropriated Ending Fund Balance			
9. Total Ending Fund Balance			
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Name of Unit/Program

Fund	Actual Data	Adopted Budget	Approved Budget
	Last Year _____	This Year _____	Next Year _____
1. Total Personal Services			
2. Total Materials and Services			
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7. Total All Other Expenditures and Requirements			
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Name of Unit/Program

Fund	Actual Data	Adopted Budget	Approved Budget
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Name of Unit/Program

Fund	Actual Data	Adopted Budget	Approved Budget
	Last Year _____	This Year _____	Next Year _____
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8. Total Unappropriated Ending Fund Balance			
9. Total Ending Fund Balance			
10. Total Anticipated Requirements			



FORM LB-4

IDENTIFICATION OF FUNDS BY UNIT/PROGRAM

Publish **ONLY** Completed Portion of This Page

Name of Unit/Program _____

Fund	Actual Data	Adopted Budget	Approved Budget
	Last Year _____	This Year _____	Next Year _____
1. Total Personal Services			
2. Total Materials and Services			
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Name of Unit/Program _____

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Name of Unit/Program _____

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